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NOV 29 2005

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Date: November 29, 2005

File In: OIPE

In the matter of : **COMPENSATION CONTRACT SUPPORT SYSTEM, METHOD FOR
SUPPORTING COMPENSATION CONTRACT, AND PROGRAM THEREOF**Applicant: **Katsunobu HAYASHI**Application No.: **09/683,829**Filed: **February 20, 2002**Docket No.: **P13205**

Issued: _____

Patent No.: _____

The Patent and Trademark Office (PTO) date stamp hereon is an acknowledgement that, on the date indicated, the PTO received the following:

- | | |
|---|--|
| <input type="checkbox"/> Amendment _____ | <input type="checkbox"/> Claim of Priority |
| <input type="checkbox"/> Executed Assignment and Cover Letter | <input type="checkbox"/> Certified Copy of |
| <input type="checkbox"/> SES Assertion | <input type="checkbox"/> Declaration <input type="checkbox"/> Supplemental |
| <input type="checkbox"/> Request for Extension of Time | <input type="checkbox"/> Executed <input type="checkbox"/> Unexecuted |
| <input type="checkbox"/> Fee Filing | <input checked="" type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> Recording | <input type="checkbox"/> Patent Application |
| <input type="checkbox"/> Issue | <input type="checkbox"/> Provisional <input type="checkbox"/> Reexam |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Reissue <input type="checkbox"/> Design |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Continuation <input type="checkbox"/> CIP |
| <input type="checkbox"/> Fee Transmittal Form | _____ pages |
| <input type="checkbox"/> Maintenance Fee Payment | _____ claims _____ independent |
| <input type="checkbox"/> PTOL-85B Issue Fee | _____ sheets of drawings |
| <input type="checkbox"/> Letter to Draftsman | _____ figures |
| <input type="checkbox"/> Design Application Transmittal Form | <input type="checkbox"/> IDS and form PTO-1449 |
| <input type="checkbox"/> Utility Application Transmittal Form | <input type="checkbox"/> References <input type="checkbox"/> as attached |
| <input type="checkbox"/> Provisional Application Cover Sheet | <input type="checkbox"/> as listed on reverse |
| <input type="checkbox"/> CPA Request Transmittal Form | <input type="checkbox"/> Certification under 1.97(e) |
| <input type="checkbox"/> RCE Transmittal Form including Submission | <input type="checkbox"/> Self-addressed post card |
| <input type="checkbox"/> Cover Letter | <input type="checkbox"/> Certificate of Mailing (C-O-M) |
| <input type="checkbox"/> Check No. _____ for _____ | <input checked="" type="checkbox"/> Power of Attorney and change of |
| <input type="checkbox"/> Rule 53b and 53f Letter for Unexecuted Appl. | correspondence address |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

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In re application of : Katsunobu HAYASHI Docket No.: P13205
Application No. : 09/683,829 Patent No.:
Filed : February 20, 2002 Issued:
For : COMPENSATION CONTRACT SUPPORT SYSTEM, METHOD FOR
SUPPORTING COMPENSATION CONTRACT, AND PROGRAM THEREOF

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a **Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address** in the above-captioned application.

The fee has been calculated as shown below:

| Claims After Amendment | No. of Claims Previously Paid | Present Extra | Small Entity | | Large Entity | |
|-------------------------------------|----------------------------------|------------------|--------------|-----|--------------|-----|
| | | | Rate | Fee | Rate | Fee |
| *Total Claims: | | | x 25= | \$ | x 50= | \$ |
| **Indep. Claims: | | | x 100= | \$ | x 200= | \$ |
| Multiple Dependent Claims Presented | | | +180= | \$ | +360= | \$ |
| Extension Fees for Month | | | | \$ | | \$ |
| | | | | \$ | 500 | \$ |
| Total: | | | | \$ | Total: | \$ |

* If less than 20, write 20

**If less than 3, write 3

___ Please charge my Deposit Account No. 50-2929 in the amount of \$ _.

___ A Check in the amount of \$ ___ to cover the necessary fee is included.

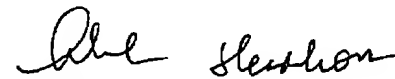
☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:

___ Any additional filing fees required under 37 C.F.R. 1.16.

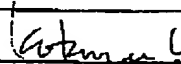
___ Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136)(a)(3).

November 29, 2005

Date



Abraham Hershkovitz
Reg. No. 45,294

| | | | | |
|---|---|-------------------|-----------|-----------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/683,829 | | |
| | Filing Date | 02-20-2002 | | |
| | First Named Inventor | Katsunobu HAYASHI | | |
| | Art Unit | 3624 | | |
| | Examiner's Name | Ella Colbert | | |
| | Attorney Docket No. | P13205 | | |
| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | |
| <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>000040401</u> | | | | |
| <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: | | | | |
| CORRESPONDENCE ADDRESS | | | | |
| <input checked="" type="checkbox"/> Customer Number: <u>000040401</u> OR Correspondence address below | | | | |
| Name | | | | |
| Address | | | | |
| City | | State | Zip Code | |
| Country | Telephone | 703-323-9330 | Fax | 703-323-6617 |
| I am the: | | | | |
| <input checked="" type="checkbox"/> Applicant/Inventor | | | | |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. | | | | |
| Signature of Applicant or Assignee of Record | | | | |
| Name | Katsunobu HAYASHI | | | |
| Signature |  | | | |
| Date | Nov / 9 / 2005 | | Telephone | +81-3-3297-6703 |